

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION  
SELECTION SERVICES SECTION  
SUPPLEMENTAL APPLICATION EXAMINATION FOR HEALTH RECORD TECHNICIAN II (SUPERVISOR)**

**Read instructions carefully**

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Health Record Technician II (Supervisor) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*In order to expedite the hiring process your phone numbers are required\*\*\*

Home/Cellular Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Signature

Date

I certify that all the statements I have made in this application are true and correct.

***MAILING INSTRUCTIONS:***

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to one of the locations listed on the Examination Bulletin. You may download a copy of the Examination Bulletin and the State application from the California Department of Correction and Rehabilitation's website at [www.cdcr.ca.gov](http://www.cdcr.ca.gov) or the State Personnel Board's websites at [www.spb.ca.gov](http://www.spb.ca.gov)

**HEALTH RECORD TECHNICIAN II (SUPERVISOR)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, and experience, information that meet the minimum qualifications for this exam.

**Education Requirements:** Equivalent to completion of the twelfth grade. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.); **AND**

**EITHER I**

Two years of experience in the California state service performing the duties of a Health Record Technician I.

**Or II**

Four years increasingly responsible medical or health records experience performing a variety of tasks including at least two years of coding, indexing, and abstracting health data. (Successful completion of an academic curriculum in medical records science in an accredited school may be substituted for the required general experience on a year- for -year basis.)

**1. Did you graduate from high school?**

☐ YES

☐ NO

**2. If not, do you possess a GED or equivalent?**

☐ YES

☐ NO

**3. Do you have additional qualifying experience that may be substituted for the required education on a year for year basis?**

☐ YES

☐ NO (If you answer "No," to any of the questions or if you have no additional qualifying experience that may be substituted for the required education your application will not be accepted for this examination)

**HEALTH RECORD TECHNICIAN II (SUPERVISOR)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**JOB REQUIREMENTS**

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work at correctional facilities in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to treat inmates/youthful offenders in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to abide by and adhere to institutional safety and security policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to maintain privacy and confidentiality regarding individual patient/client/inmate health information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to abide by and adhere to the institutional dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DEGREES, CERTIFICATIONS AND TRAINING**

Please indicate if you have any of the following degrees certifications experience.

9. Graduation from an associate degree in Health Information Technology, Medical Record Science or other related program accredited by the commission on Accreditation of Allied Health Education Programs of the American Medical Association.	<input type="checkbox"/>
10. Completion of a hospital's in house training program in Medical Record or other related program.	<input type="checkbox"/>
11. Certification as a Registered Health Information Technician.	<input type="checkbox"/>
12. Certification as a Coding Specialist by the American Health Information Management Association.	<input type="checkbox"/>
13. Lead and/or supervisory experience in a health related position.	<input type="checkbox"/>

**HEALTH RECORD TECHNICIAN II (SUPERVISOR)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

WORK EXPERIENCE	FREQUENCY				LEVEL OF SKILL		
<b>Note to Applicant:</b> Please read carefully. Under "Work Experience," for items #14-39, indicate:  <b>Frequency:</b> <ul style="list-style-type: none"> <li>If you have performed this task within the last 24 months; <u>and</u></li> <li>How often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column)</li> </ul> <b>Level of Skill:</b> <ul style="list-style-type: none"> <li>Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)</li> </ul>	Performed task within the Last 24 months	Weekly	Monthly	Annually	Not performed	Performed 2 to 4 years	Performed 4 years or more
14. Review medical records for accuracy and completeness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Provide detailed coding of medical diagnoses and procedures using standard classification systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Evaluate technical abstracting and coding issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Abstract information from medical records utilizing medical terminology, medical dictionary etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Convert medical data collected from census, audits, treatments etc. into a form for statistical use in data reporting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Using the daily patient census, maintain a variety of health record indices for statistical reports on diseases treated, surgery performed, and use of hospital beds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Prepare various written documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Use terminal digit filing system to catalog retrieve and re-file medical records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Abstract data, such as demographic characteristics, history, extent of disease, and diagnostic procedures and treatments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gather pertinent information from medical records, ER logs, hospital daily census reports etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Ensure confidentiality in order to protect, control and maintain the integrity of the medical record by using implemented policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Update existing medical records to accommodate new or different information and to provide complete and current patient information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Assemble discharged patient record using standardized organizational guidelines ensuring each document has appropriate patient identifiers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Receive and/or directs a variety of telephone calls providing appropriate information to visitors and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Process and reproduce correspondence for the patient, third parties, and community facilities, assuring information is released in accordance with State and Federal laws.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Conduct medical record interviews in response to patient requests for review and/or copies of personal medical records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Process subpoenas and court orders to produce copies of medical records for litigation purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Process death records for review of morbidity and mortality reporting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH RECORD TECHNICIAN II (SUPERVISOR)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

WORK EXPERIENCE CONTINUED	FREQUENCY				LEVEL OF SKILL				
<b>Note to Applicant:</b> Please read carefully. Under "Work Experience," for items #14-39, indicate:  <b>Frequency:</b> <ul style="list-style-type: none"> <li>If you have performed this task within the last 24 months; <u>and</u></li> <li>How often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column)</li> </ul> <b>Level of Skill:</b> <ul style="list-style-type: none"> <li>Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column)</li> </ul>	Performed task within the Last 24 months		Weekly	Monthly	Annually		Not performed	Performed 2 to 4 years	Performed 4 years or more
32. Perform various quality reviews, using concurrent and retrospective methodology to ensure compliance with internal and external requirements.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Provide staff training, work schedules and performance evaluations.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Coordinate the selection of new employees.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Using medical record policies and procedures, acts as a liaison to other departments giving direction and guidance relating to the medical record.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Serve as a member of medical staff committees to provide direction and information.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Organize the daily work activities of staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Assess program activities accurately and give direction and guidance to staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Maintain various logs for statistics, substantiation and accountability in accordance with State and Federal laws.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HEALTH RECORD TECHNICIAN II (SUPERVISOR)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY**

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time      ☐ (R) Permanent Part-Time      ☐ (K) Limited-Term Full-Time      ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ (5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

**NOTE:** California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ 7231 **NORTHERN REGION** - If this box is marked, no further selection is necessary.

**ADULT FACILITIES:**

- ☐ 0309 **Mule Creek State Prison**  
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**  
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**  
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**  
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**  
San Quentin, Marin County
- ☐ 3400 **Headquarters**  
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**  
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional Training Center,**  
Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**  
Represa, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**  
Tracy, San Joaquin County
- ☐ 4804 **California Medical Facility**  
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**  
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**  
Jamestown, Tuolumne County

**YOUTH FACILITIES:**

- ☐ 3902 **DeWitt Nelson YCF**  
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**  
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**  
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**  
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth Conservation Camp Facility**  
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**  
Ione, Amador Count

☐ 7232 **CENTRAL REGION** - If this box is marked, no further selection is necessary.

**ADULT FACILITIES:**

- ☐ 1015 **Pleasant Valley State Prison**  
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison Reception Center,**  
Wasco, Kern County
- ☐ 1514 **North Kern State Prison**  
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**  
Delano, Kern County
- ☐ 1605 **Avenal State Prison**  
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**  
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**  
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**  
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**  
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**  
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**  
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment Facility,**  
Corcoran, Kings County

**YOUTH FACILITIES:**

- ☐ 4003 **El Paso de Robles YCF**  
Paso Robles,  
San Luis Obispo County

☐ 7233 **SOUTHERN REGION** - If this box is marked, no further selection is necessary.

**ADULT FACILITIES:**

- ☐ 1307 **Calipatria State Prison**  
Calipatria, Imperial County (North)
- ☐ 1308 **Centinela State Prison**  
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**  
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**  
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**  
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**  
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**  
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**  
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**  
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility at Rock Mountain**  
San Diego, San Diego County

**YOUTH FACILITIES:**

- ☐ 3628 **Heman G. Stark YCF**  
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional Reception Center & Clinic**  
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**  
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**HEALTH RECORD TECHNICIAN II (SUPERVISOR)  
SUPPLEMENTAL APPLICATION**

Name: \_\_\_\_\_

**RECRUITMENT QUESTIONNAIRE**

**These questions are not part of the examination but are for the hiring authority's information.**

***HOW DID YOU HEAR ABOUT THE HEALTH RECORD TECHNICIAN II (SUPERVISOR) EXAMINATION?***

Check the box that best describes how you found out about the Health Record Technician II (Supervisor) Examination?

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other